U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1	For Official Hee Only
	MR 22205
E	& E

1. File Number U -

3. Name and address of person filing.

Name Rodger Dale Banks

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01 / 01 / 2005 Through: 12 / 31 / 2005

United Steelworkers Local 351L

4. Name, file number, and address of labor organization.

-		Labor Organization File Number 003-483		
	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
	Street 11559 Upper Columbus Frozd	Street 1923 Culver Road		
	city Coker 35452	City Tuscaloosa		
	State AL, ZIP Code + 4	State Alabama ZIP Code + 4 35401		
	5. Position in labor organization.	end		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
	Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
	Name Credit Union of Alabarona FOU	1) Home Losa		
		3 checking		
	P.O. Box, Bldg., Room No., if any	·		
***************************************	Street 1215 Veteran's Memorial Plan	7.b. Amount. (3) INTERESTAND - APPROX 112.00		
	City Tus Caloosa,	3) Income - Approx 112.00		
	State > ZIP Code + 4 354 04	3) Income - Approved 8.00		

Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4	,		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
;			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		